

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-676)

SERIAL NO. **10/049246** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13						
14						
15						
16	1					
17		1				
18						
19						
20						
21						
22		1				
23						
24		1				
25	1					
26		1				
27						
28						
29						
30		1				
31	1					
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38	1					
39		1				
40	1					
41	1					
42		1				
43	1					
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	11					
TOTAL DEP.	33					
TOTAL CLAIMS	44	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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